

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/719759

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------------|------------------------|------------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | / | | | | | |
| TOTAL DEP. | 7 | ↔ | ↔ | ↔ | ↔ | |
| TOTAL CLAIMS | 8 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy